

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-011358

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 133

Primary Registration District No. 3022

Registrar's No. 39

FILED APR 1 1963

VS 300
Rev. 4/59

10410

20410

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Harrison		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Harrison	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Jefferson Twp.		Length of stay in 1b 20 yr	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION at home		d. STREET ADDRESS (If outside, give location) 8 Mile NW Bethany	
3. NAME OF DECEASED (Type or print) First Emma Middle Bessie Last Stotts		4. DATE OF DEATH Month March Day 25, Year 1963	
5. SEX female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-31-1893
9. AGE (last birthday) 69		10. IF UNDER 1 YEAR Months 11 Days 24 Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY Farm	
11. BIRTHPLACE (City and state or country) Harrison County, Mo.		12. CITIZEN OF WHAT COUNTRY U. S.	
13a. FATHER'S NAME William Pilcher		13b. MOTHER'S MAIDEN NAME Mary Arney	
14. NAME OF HUSBAND OR WIFE W. W. Stotts		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. [redacted]		17. INFORMANT Albert Stotts, Bethany RFD 2, Mo.	
18. CAUSE OF DEATH (Enter only one cause of death) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE TOXEMIA DUE TO (b) CHRONIC CELLULITIS DUE TO (c) HERPES ZOSTER PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH 10 WEEKS 7 MONTHS 8 MONTHS	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 8-13-1962 to 2-20-63 and last saw her alive on 2-20-63 Death occurred at 6:20 A. m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE G. P. Scanahorn (Degree or title) D.O. Bethany, Mo.	
22b. ADDRESS		22c. DATE SIGNED 3-27-1963	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-27-1963	
23c. NAME OF CEMETERY OR CREMATORY Sharon		23d. LOCATION (City, town, or county) Gilman City, Mo.	
24. FUNERAL DIRECTOR M. B. Haas		25. DATE RECD. BY LOCAL REG. 3-27-1963	
26. REGISTRAR'S SIGNATURE Jella Mayey			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

M. B. Haas
M. B. Haas

Licensed Embalmer No. 3899

P. O. Address Bethany, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.